

PRE-LICENSE COURSE APPROVAL APPLICATION

RE 306 (Rev. 5/10)

GENERAL INFORMATION

- Use this form to apply for DRE approval to offer statutory college equivalent courses for broker and salesperson applicants.
- Read Pre-License Course Approval Application Instructions (RE 303) and Regulation Excerpts (RE 307) before completing this application.
- Please type or print clearly in ink.
- Private vocational courses require the prior approval of the school by the Bureau for Private Postsecondary and Vocational Education. Refer to RE 303 for further information.
- In addition to the documentation required, please submit any other information which will enable the Commissioner to evaluate the quality of your curriculum as the equivalent of the quality offered by colleges, universities and schools accredited by the Western Association of Schools and Colleges.
- **Fee — \$150** (non-refundable)
- **Acceptable payment methods** — Cashiers' check, money order, check or credit card
 - Make check or money order payable to: **Department of Real Estate**
 - If paying by credit card, submit a completed Credit Card Payment (RE 909) form.
- **Mail or hand deliver the application, attachments, and the proper fee to:**
Department of Real Estate
Attn: Education Section
2201 Broadway
P.O. Box 187009
Sacramento, CA 95818-7009
- If you have any questions, please call (916) 227-0894.

SCHOOL INFORMATION

1. NAME OF APPLICANT SCHOOL	
2. OTHER NAMES USED BY THE SCHOOL	3. BUSINESS TELEPHONE NUMBER
4. SCHOOL'S BUSINESS ADDRESS — STREET ADDRESS, CITY, STATE, ZIP CODE	
5. SCHOOL'S MAILING ADDRESS — STREET ADDRESS OR POST OFFICE BOX, CITY, STATE, ZIP CODE	
6. IS THE SCHOOL APPROVED BY THE BUREAU FOR PRIVATE POSTSECONDARY AND VOCATIONAL EDUCATION? (COURSE APPROVAL WILL NOT BE GRANTED UNLESS EVIDENCE OF APPROVAL IS SUBMITTED.) <input type="checkbox"/> YES <input type="checkbox"/> NO	
7. NAME OF SCHOOL OWNER	
8. OWNER'S BUSINESS ADDRESS — STREET ADDRESS, CITY, STATE, ZIP CODE	
9. NAME OF ADMINISTRATIVE HEAD	TITLE
10. TYPE OF OWNERSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER:	

COURSE SUMMARY

TYPE OF INSTRUCTION [CHECK ONE] <input type="checkbox"/> LIVE CLASSROOM COURSE <input type="checkbox"/> INTERNET <input type="checkbox"/> CORRESPONDENCE/HOMESTUDY COURSE		IF CORRESPONDENCE/INTERNET, CHECK APPROPRIATE BOX <input type="checkbox"/> ENTIRE COURSE AND FINAL EXAM <input type="checkbox"/> COURSE ONLY <input type="checkbox"/> FINAL EXAM ONLY	
1. COURSE TITLE			
2. CLASSROOM COURSE LENGTH OF COURSE		TOTAL NUMBER OF INSTRUCTION HOURS (Minimum 45 hours required)	
3. PUBLICATIONS TO BE USED IN THE COURSE. (LIST TEXTBOOKS, INSTRUCTOR GUIDES, WORKBOOKS, ETC.)			
<i>Publication Title</i>	<i>Author</i>	<i>Date of Publication</i>	

COURSE SUMMARY (Continued)

3. CONTINUED

<i>Publication Title</i>	<i>Author</i>	<i>Date of Publication</i>

4. NUMBER OF QUESTIONS ON FINAL EXAM

60% MINIMUM PASSING SCORE

EXAM WILL BE ADMINISTERED AS:

☐ OPEN BOOK☐ CLOSED BOOK5. EXPLAIN YOUR PROCEDURE TO PROVIDE THE "GENERAL INFORMATION PAGE" TO STUDENTS **PRIOR** TO REGISTRATION/ENROLLMENT.

6. EXPLAIN HOW AND WHEN STUDENTS WILL BE INFORMED OF THE AVAILABILITY OF THE ON-LINE COURSE AND INSTRUCTOR EVALUATION LOCATED ON THE DRE WEB SITE.

CERTIFICATION

I consent to inspection by authorized representatives of the Department of Real Estate and agree to report to the Department of Real Estate any significant changes in the information submitted and will retain records for all students who enrolled and completed subject course. I also understand that the simultaneous instruction of two or more students in one of the courses enumerated in Section 10153.2, 10153.4 or 10153.5 of the Business and Professions (B&P) Code constitutes a private vocational school as that term is used in Section 10153.2 of the B&P Code. This activity may also require the applicants to obtain approval from the Bureau Private Postsecondary and Vocational Education.

I certify that I have read and understand the information and requirements contained in this application and all statements I have made herein are true and correct.

SIGNATURE OF APPLICANT (SCHOOL OWNER(S), AUTHORIZED OFFICIAL OF CORPORATION OR FIRM, ETC.)

DATE



PRINTED NAME OF APPLICANT

TITLE